

Basic Filing Fee							\$ 750
Multiple Dependent Claim Fee (\$ 280)							\$
Foreign Language Surcharge (\$ 130)							\$
	For	Number Filed		Number Extra		Rate	
Extra Claims	Total Claims	20	-20	0	x	\$ 18	= \$
	Independent Claims	4	-3	1	x	\$ 84	= \$ 84
						TOTAL FILING FEE	\$ 834

Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$834. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with Customer No. 23914, which is currently:

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Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (609) 252-4526.

Respectfully submitted,



Date: July 9, 2003

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